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PTO/SB/21 (12/97)

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<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin: 5px 0;">(To be used for all correspondence after initial filing)</p>		<b>Application Number</b> 09/029,042
		<b>Filing Date</b> 5/15/98
		<b>First Named Inventor</b> KIM
		<b>Group Art Unit</b> 1646
		<b>Examiner Name</b> FITZGERALD 003364.P001
<b>TOTAL NUMBER OF PAGES IN THIS SUBMISSION</b>		<b>Attorney Docket Number</b>

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53 Declaration and Power of Attorney	<input type="checkbox"/> Assignment Papers <input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) & Accompanying Petition <input type="checkbox"/> Petition Checklist & Accompanying Petition To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Request <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication Group <input type="checkbox"/> Appeal Communication to Board of Appeals & Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/> Non-English Specification <input checked="" type="checkbox"/> Response To NOTICE TO COMPLY WITH REQUIREMENTS FOR PATENT APPLICATIONS CONTAINING NUCLEOTIDE SEQUENCE AND/OR AMINO ACID SEQUENCE DISCLOSURES <input checked="" type="checkbox"/> Copy of NOTICE TO COMPLY WITH REQUIREMENTS FOR PATENT APPLICATIONS CONTAINING NUCLEOTIDE SEQUENCE AND/OR AMINO ACID SEQUENCE DISCLOSURES <input checked="" type="checkbox"/> Sequence listing <input checked="" type="checkbox"/> Diskette
<b>Remarks</b>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual Name</b>	BLAKELY SOKOLOFF TAYLOR & ZAFMAN ERIC S. HYMAN
<b>Signature</b>	
<b>Date</b>	July 15, 1999

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:		<b>JULY 15, 1999</b>
<b>Typed or Printed Name</b>	LYNDA SHAPIRO	
<b>Signature</b>		<b>Date</b> July 15, 1999

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="margin: 5px 0;">Note: Effective October 1, 1997 Patent fees are subject to annual revision</p>		<p style="margin: 0;"><b>Complete If Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">09/029,042</td> </tr> <tr> <td>Filing Date</td> <td>5/15/98</td> </tr> <tr> <td>First Named Inventor</td> <td>Kim</td> </tr> <tr> <td>Group Art Unit</td> <td>1646</td> </tr> <tr> <td>Examiner Name</td> <td>D. Fitzgerald</td> </tr> <tr> <td>Attorney Docket No.</td> <td>003364.P001</td> </tr> </table>		Application Number	09/029,042	Filing Date	5/15/98	First Named Inventor	Kim	Group Art Unit	1646	Examiner Name	D. Fitzgerald	Attorney Docket No.	003364.P001
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TOTAL AMOUNT OF PAYMENT		\$0.00													

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																						
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees &amp; credit any overpayments to:</p> <p>Acct # <u>02-2666</u></p> <p>Acct Name <u>Blakely Sokoloff Taylor &amp; Zafman</u></p> <p><input checked="" type="checkbox"/> Charge any add'l fee required under 37 CFR 1.16 &amp; 1.17 <input type="checkbox"/> Charge issue fee set in 37 CFR 1.18 at the mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:  <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p><b>3 Additional Fees</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Code</th> <th>Fee (\$)</th> <th>Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> 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\*Highest number of claims previously paid for if an amendment is being transmitted.  
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